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"The relationship between vaccinated state and mortality may be set forth as follows:

	Number of cases.	Deaths.	Mortality rate.
			Per cent.
Vaccinated in infancy	364	54	15
Unvaccinated	107	38	35
No definite evidence of successful vaccination	6	2	33
	477	94	20

"The relative excess of mortality among the unvaccinated therefore continues. It may be added that so far no cases have occurred among the medical, nursing, or administrative staff engaged in dealing with patients."

Dr. W. McConnel Wanklyn, a vigorous antismallpox fighter in England, has made exhaustive studies, both clinical and administrative, on smallpox over a long period of time, and the following cardinal principles have dominated his antismallpox campaign: "(1) Inform the public of the risk they are running; (2) make the fullest use of routine vaccination; (3) push vaccination in an outbreak of smallpox and very promptly; and (4) emphatically, let the authorities be constantly on the alert." [2]

PUBLIC HEALTH ENGINEERING ABSTRACTS.

Experience with Imhoff tanks in Minnesota.—J. A. Childs, Engineer, Division of Sanitation, Minnesota State Board of Health, St. Paul, Minn.—*Municipal and County Engineering*, Vol. LIX, No. 5, November, 1920, p. 162.

The first Imhoff tank in Minnesota was constructed in 1911. Since then 40 municipal and institutional tanks have been installed, together with two or three hundred Imhoff tanks used in the treatment of school-building sewage. The earlier designs were patterned after German constructions, but it was soon found that the sludge chamber capacity was not large enough, owing to the long, cold winters in Minnesota, which retarded the action of the sludge. The State board of health now requires a minimum capacity, below the settling compartment slots, of 2 cubic feet per capita tributary to the system, which eliminates this difficulty.

A properly designed Imhoff tank must not be regarded as an automatic piece of apparatus, but should receive intelligent care to give the best results, as has been demonstrated in Minnesota. For the average Minnesota municipality, there seems to be no type of tank treatment which meets all requirements better than that of the Imhoff tank.

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[2] Public Vaccination Service Notes, The Medical Officer, Oct. 23, 1920, p. 6.

General sanitary conditions in Czechoslovakia.—*Bulletin of the League of Red Cross Societies*, Geneva, Switzerland, Vol. II, No. 1, October, 1920, p. 33.

Only a few of the large cities of Slovakia and Carpathian Russia have municipal water supplies. Among all the cities of 4,000 population or more, 10 per cent have a supply of 70 liters per man per day; 6 per cent, a supply of 20 to 60 liters per man per day; and 84 per cent, no public water supply.

The water systems of the large cities are, in general, well built and designed to assure a safe supply.

In most of the towns, villages, and rural districts one sees very commonly the dug well with its long sweep. The water level is usually not far below the surface of the ground—perhaps from 3 to 4 up to 8 or 10 meters. The surroundings, the proximity of dwelling houses, cesspools, barns and barnyards, manure piles, etc., and the frequent poor construction of the well curb and the neglect of careful drainage about the well, form accumulative evidence that the people are unaware of or indifferent to the dangers of polluted well water. The fact that typhoid fever and other intestinal diseases are endemic in many regions is therefore not surprising.

General policies of the Engineering Division of the Pennsylvania Department of Health.—C. A. Emerson, jr., Chief Engineer, Engineering Division, State Department of Health, Harrisburg, Pa., July, 1920.

During the past summer months the engineering division of the Pennsylvania Department of Health has been reorganized into sections on Housing, Investigation of Industrial Wastes Pollution, Restaurant Hygiene Inspection, Rural Sanitation, Waterworks and Sewerage, and Chemical and Bacteriological Laboratory. The State has been divided into eight districts, each district in charge of an engineer with one or more assistant engineers. Under general direction of the chief of the waterworks and sewerage section, the district engineer has responsible charge of waterworks and sewerage applications, examination of plans, field investigations, and reports thereon and on the operation of waterworks and sewerage systems. After careful investigation of the present use and conditions of the waters of the State in his district, the district engineer will recommend to the chief engineer policies for the use of various streams or parts of streams in his district as regards water supply and sewage disposal, stating the degree of purification for water and treatment of sewage required. When approved by the chief engineer and directed by the chief of the waterworks and sewerage section, the district engineer will have investigations made for the rural sanitation and housing sections and will make recommendations for the correction of insanitary conditions involving engineering in his district. When approved by the chief engineer, the district engineer, under the general direction of the chief of the waterworks and sewerage section, will cooperate with the county medical director or the medical division in typhoid epidemics. The district engineer will limit his activities to engineering matters, such as water supplies, sewerage, excreta disposal, milk supplies, etc., leaving all medical matters, unless otherwise specifically ordered, under the jurisdiction of the medical officers.

The rural sanitation section has one or more district inspectors in each district, whose duties are as follows:

(*a*) In second-class townships: Inspect and secure abatement of public health nuisances requiring knowledge beyond the ability of the department health officers.

(*b*) In municipalities: Inspect and secure abatement of public health nuisances in cases where the local board of health fails to secure abatement and where the conditions are not sufficiently acute for the State department of health to take over the functions of the local board of health.

(*c*) Assist in instruction and guidance of local health committees and local boards of health.

(*d*) Report on the efficiency of department health officers.

(*e*) Inspect and secure abatement of pollutions on watersheds of streams used for public water supplies, and train health officers and water company representatives in doing such work.

(*f*) Serve notices, secure evidence, etc., incidental to prosecutions in cases of public health nuisances and stream pollutions.

(*g*) Sample private water supplies as ordered.

(*h*) Such other duties as may be assigned by the chief of the rural sanitation section.

When temporarily assigned by the chief of the rural sanitation section to the waterworks and sewerage section, district inspectors will perform the following work under the direction of the district engineer or his representative:

(*a*) Make field investigations to determine compliance with provisions of waterworks and sewerage permits and decrees.

(*b*) Sample public water supplies.

(*c*) Supervise the installation and maintenance of emergency waterworks disinfection apparatus.

(*d*) Post notices.

(*e*) Seal by-pass connections of public water supplies.

(*f*) Take "census" during typhoid fever epidemics.

(*g*) Inspect the production, handling, and distribution of milk supplies during typhoid epidemic investigations.

(*h*) Such other duties as may be assigned by the district engineer.